



Because the first three years build a lifetime.

## PAYOR OF LAST RESORT

IT IS REQUIRED TO ATTACH A CURRENT IFSP AND AN ITEMIZED, ESTIMATED EXPENSE SHEET TO THIS DOCUMENT.

1. Name of Child:	2. Date of Birth:
3. Name of Parent(s):	
4. Street Address of family:	City:
	State:
	Zip:
5. Name of Local Birth to 3 Connections program:	

I certify that I have thoroughly investigated all options of available funding resources. Payment for the needed services has been denied or the individual/family is not eligible for other assistance. I have documented contact with the resources with progress notes and/or letter of denial in the individual's file. A new request for Payor of Last Resort monies will be submitted when a change occurs in services that impacts funding or if funding sources change.

Service Coordinator Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Service Coordinator's Phone \_\_\_\_\_

<b>Comments:</b> (Please check and explain and/or add and explain those funding resources explored prior to submitting this PLR)	
Medicaid Options	
Private Insurance	
School District	
Local Lions Club	
Local Kiwanis Club	
Children's Miracle Network	
Shriner's	

Is child eligible for Prolonged Assistance? Yes ☐ No ☐

# BIRTH TO 3 CONNECTIONS

## ESTIMATED EXPENSE FORM FOR PART C EARLY INTERVENTION SERVICES

An itemized estimated expense sheet should include, but need not be limited to, an itemized breakdown of services, number of sessions or units, number of days/weeks/month/sessions as appropriate, and total cost. This estimate may cover a six-month or less period of time.

Service coordinator \_\_\_\_\_ ☐ Initial Request ☐ 6 Month Review Request ☐ Other \_\_\_\_\_ (please check one)

Name of Child:	Beginning Date of Services:	Ending date:
Billing Agency:	Contact Person:	Phone:
Street Address:	City:	State: Zip:
Billing Agency:	Contact Person:	Phone:
Street Address:	City:	State: Zip:
Billing Agency:	Contact Person:	Phone:
Street Address:	City:	State: Zip:

Service	15 minutes = one unit (day/week/month/session/*miles) * indicate <b>R</b> for rural & <b>C</b> for city	Cost per Unit	Duration (days/weeks/months/sessions/trips) - Not to exceed 6 months -	Total Cost
COMMENTS/EXPLANATIONS:				<b>TOTAL</b>

(For DOE use only)

Authorization for payment for these services by Birth to 3 Connections direct service monies as payor of last resort is in effect for the dates identified above. All requests for payment must be received within 6 months of date of service. Any requests for payment that are received after the 15<sup>th</sup> of a given month will not be processed until the next month.

Birth to 3 Connections \_\_\_\_\_ Barb Hemmelman, Coordinator